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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) TEI-0135
Application Number	10/551,668-Conf. #5514	Filed September 30, 2005
For	EXAMINATION APPARATUS FOR SLEEP RESPIRATORY DISTURBANCE AND THERAPEUTIC SYSTEM	
Art Unit	3735	Examiner C. Y. JANG

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. – **ONE MONTH PETITION FOR EXTENSION FILED AND FEES PAID ON JANUARY 6, 2009.**

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ 360.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

Applicant claims small entity status. See 37 CFR 1.27.
 A check in the amount of the fee is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director has already been authorized to charge fees in this application to a Deposit Account.
 The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to
 Deposit Account Number 18-0013

WARNING: Information on this form may become public. Credit card information should not be included on this form.
Provide credit card information and authorization on PTO-2038.

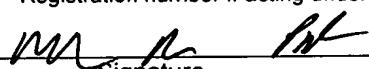
I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number 56,029

attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____


 Signature

January 30, 2009

Date

Maulin M. Patel

Typed or printed name

(202) 955-3750

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

02/02/2009 FROHAKKE 00000003 10551668

01 FC:1001
02 FC:1252

010.00 DA
360.00 DA